California Department of Health Services

State of California—Health and Human Services Agency

Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

Sustem No.	
Sustem No.	

WATER QUALITY EMERGENCY NOTIFICATION PLAN

Name of Utili	ty:			
Street Addres	s:			
The following Department o	g persons have been do f Health Services that an	esignated to implement the p imminent danger to the health	olan upon notification of the water users ex	n by the State
<u>1</u>	<u>NAME</u>	TITLE	<u>Teleph</u> <u>DAY</u>	one <u>NIGHT</u>
1. 2. 3.				
		carried out with the following s		lth Department
1	<u>NAME</u>	TITLE	<u>Teleph</u> <u>DAY</u>	<u>one</u> <u>NIGHT</u>
_				
4.				
5 6.	_			
7.				
Notification l	Plan			
etc.). For each coverage, etc.	h section of your plan gi Consideration must be	methods to be used (radio, to ve an estimate of the time requ e given to special organizations the other side if necessary.	ired, necessary perso	nnel, estimated
Report prepai	red by:			
Flex your	Signature and Title		Date	
POWER		ornia save energy. To learn more abo .consumerenergycenter.org/flex/index		following web site: